# ATTENDIN HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO ATTENDIN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1667 CERTIFICATE OF DEATH 01631

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEASE	
COUNTY Harford	MARYLAND	STATE Md.	COUNTY Harf	ord
CITY (If outside corporate limits, write RURAL   LE	NGTH OF STAY	CITY (Il outside corpo	rete limits, write RURAL end give nee	rest town)
OR end give neagest town Bel Air	in this phose	TOWN Mauls	by St., Bel Air,	Md.
	4			X
HOSPITAL OR  INSTITUTION OR		STREET ADDRESS	(If rural give location)	/
O STREET ADDRESS Harford Convalescent	Home	ADDRESS		
3. NAME OF (First) (Middle		(Lest)	4. DATE (Month)	(Dey) (Year)
DECEASED	,	(2001)	OF	and and and
(Type or Print) Joseph Hen:	ry	Ayres	DEATH Februa	ry 24, 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE (	OF BIRTH	9. AGE lest birthdey   IF UNDER	
Male W WIDOWED, DIVORCE (Specify) Wid.	Feb.	26,1880	74 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF		11. BIRTHPLACE (State or forei		. CITIZEN OF WHAT
done during most of working life, even if OR INDU	STRY Tail Total			COUNTRY?
ratired) U.S. MAIL DELIVERY Station t	to Post Office	HACTORA CO	unty   Maryand	u.s.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John Ayres		ANN F	Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC	IAL SECURITY NO.	17. INFORMANT &	ADDRESS	Elkton, Md.
(Yes, no, or unk.) (If Yas, giva war or dates of sarvice) 218-	18-7926	Mrs, Eliz	Abeth A. CAPLAN	Lin row, ma.
	8. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
1122 IMMEDIATE CAUSE (A) CERERRA	T. THROMBOST	S. terminating		3 da
DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) Ch. Card	io-vascular	r disease		2
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF O	PERATION			20. AUTOPSY?
				YES NO PA
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm	n, fectory,	21c. WHERE DID INJURY OCCUI	R? (City or town) (Coun	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office I	oldg., etc.)			
	RY OCCURRED	21f. HOW DID INJURY OCCU	2 ?	
While	Not while	III. HOW DID HOOK! Occo.		
M.   et work L.	J et work			
22. I hereby certify that I attended the deceased	from Sept.	L95319 to Fet	24. 1955 that I	last saw the deceased
alive on Feb. 23, 19.55 and that				
SIGNATURE , /	dealli occurred a		RESS (Street, city, town, stete)	DATE SIGNED
11/20 0 0 41 1			2 2 2	
Villary Muchs			1d. 2-24-55	
DEMOVAL (SDECIEV)	AME OF CEMETERY OR		LOCATION (City, town, or county	
Burin Feb. 26,1955 B	al Air Mam	orial Gardens	Bel Air, Harford	Garty, Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		1 25. FUNDRAL DIRECTORS	1	ADDRESS
0 0 10 10 10 mm P		- Section of	1 Tour	04.1
DATE 2. 25. 35   LINCILLA TO	woon	Foster Funer	HI HOWE DEI HI	r, Md.

# CERTIFICATE OF DEATH

THE PARTY SELL IN

Feb. 26, 1880 74 कर्माक्ष इ.१४०१०क चर ५००१०च्छे

HArford Cauty Margaret

218-18-1926 Mrs. Elizabeth A. Caplan

EIN ton, wid.

BUREAU V. B.

S261 88 58"

Fib. 26,1955 Bai Air Memorial Gardens Bel Air, impford Gunty, Md.

לפטוני היים לפטוני לפטוני היים לפטוני היים לפטוני היים לפטוני היים לפטוני היים לפטוני היים לפטונים לפ

ע ל מחמון שבוויצוץ

SECOND COMPANY OF THE PROPERTY OF THE PROPERTY

ATT - 23 CAR STORY ON HOLD CONTROL OF THE CARLES OF THE CA

1668 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 180

COUNTY	· H·		2. USUAL RESIDENCE	(HOME) OF DEC	EASED.		
	Harford	MARYLAND	STATE Mary	land	COUN	Har	ford
	corporate limits, write RUR	AL and   LENGTH OF STAY	OR OR	orate limits, write	RURAL and	give nearest	t town)
OR give neares	Edgewood	(In this place)	TOWN Edgew	rood			X
HOSPITAL OR INSTITUTION O STREET ADDRE	OR ESS		STREET ADDRESS	(If rural,	give location)		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	BLANCHE	ELIZABETH	BAIR	OF DEATH	reb.	6	19 5.
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH Feb. 24, 1896	9. AGE last birt	hday   If und   Month		funder 24 hrs Hours   Min.
done during most of	PATION (Give kind of work working life, even if retired) W116	10b. KIND OF BUSINESS OR INDUSTRY	Cecil Co., M			12. CITIZE COUNTRY	U.S.
13. FATHER'S NAM	ME		14. MOTHER'S MAIDE	N NAME			
John	n Harris		Phoebe Ris	le			
15. WAS DECEASED I	Ever In U.S. Armed Forces (If yes, give war or dates  service)	of none	Aldie L. Bair	, Edgewood	l,Maryla	and.	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH					AND DEATH
356.1		1140-0000	Dur. Mana				110
Immedia	te cause (a)	HYPOSTATIC	LNEAMONIA				- HOWTH
Diseases or giving rise	ent cause(s) conditions, if any, to the above cause underlying cause last	AMYOTROPHIC	LATERAL	SCLER	0515	**************************************	++ o n 1 o <del>p                                     </del>
	(c)					1	
Conditions contrib	(c) TICANT CONDITIONS outling to the death but not age or condition causing dea						
Conditions contrib	outing to the death but not ase or condition causing dea	th. NONE FINDINGS OF OPERATION					UTOPSY:
Conditions contributed to the disc.  19a. DATE OF OPE NONE.  21. ACCIDENT SUICIDE	outing to the death hut not ase or condition causing dea ERATION 19b. MAJOR	CE (Home, farm, factory, street, office bldg, etc.)	(CITY OR	TOWN)	(COUNT	Yes	
Conditions contributed to the discrete to the	outing to the death hut not are or condition causing dea ERATION 19b. MAJOR  (Specify) PLA OF INJ  (Day) (Year) (Hour)	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While	(CITY OR HOW DID INJURY O		(COUNT	Yes	□ No 🛭
Conditions contributed to the discontributed	outing to the death but not ase or condition causing dea ERATION 19b. MAJOR  (Specify) PLAOF  (Day) (Year) (Hour)  m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCURT		Yes Y	No P
Conditions contributed by the discontributed	using to the death but not ase or condition causing dea ERATION 19b. MAJOR  (Specify) PLA OF INJ  (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	that I last	Yes Y) (S	No PATE)
Conditions contributed by the discontributed	using to the death but not ase or condition causing dea ERATION 19b. MAJOR  (Specify) PLA OF INJ  (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?  6, 19.55, he causes and on	that I last	Yes Y) (S	deceased
Conditions contributed by the co	(Specify) PLA OF (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work  e deceased from NOV	How DID INJURY O	CCUR?  6, 19.55, he causes and on	that I last	Yes Y) (S	TATE)
Conditions contributed by the conditions contributed by the contribute	(Specify)  (Specify)  (Specify)  (Day)  (Year)  (Hour)  tify that I attended the FEB, 1955., and ATION   DATE THERE	CE (Home, farm, factory, street, office bldg., etc.)  While at Not While Work At work ce deceased from MOV.  Id that death occurred at	HOW DID INJURY O	CCUR?  6, 19.55, he causes and on	that I last	Yes Y) (S	deceased
Conditions contributed by the co	(Specify) PLA  (Specify) PLA  (OF  (Day) (Year) (Hour)  tify that I attended the property of t	CE (Home, farm, factory, street, office bldg., etc.)  URY  While at Not While Work At work  e deceased from NOV.  Indicate the death occurred at A (Degree or title)  NAME OF CEMETE	HOW DID INJURY O	GCUR?  Be causes and on CELLO TOO COLOR TOO CO	that I last	Yes Y) (S saw the stated ab DAT)	deceased

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



SECEDAED SEC

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

53	
10 -	
1	
A15	
Si	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	
4.040						

1670 CERTIFICATE OF DEATH

Reg. Dist. No. 18

01634

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
gil	COUNTY Harford MARYLAND	STATE Miss. COUNTY New	t.on
le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
pu	OR and give nearest town) (in this place)	OR	11.0
ळ	Aberdeen linitee nours	THE CAULY	6/X-5
rly	HOSPITAL OR U. S. Army Hospital	STREET (If rural give location)	7
ea	50 STREET ADDRESS Aberdeen Proving Ground	P.O. Box 62	V
[2]			Day) (Year)
ath	DECEASED: (Type or Print) Robert Lee	Poose of DEATH: Feb	6 19 55
des	(Type or Print) Robert Lee  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
JC	RACE: WIDOWED, DIVORCED.	Months   I	ays Hours   Min.
8	Male   Negro   (Specify): Single   12 Jul	y 1930   24 yrs.	
ıse	OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
cal	even if retired): Soldier U. S. Army		U.S.A.
Je	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
13	Women Class Passes ( Passes and )	Walma III T	
ite	Henry Clay Boose (Deceased)  18. WAS DECEASED EYER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	Velma Hill	
M.	(Yes. no. or unk.) (If Yes. give war or dates		
Se	Yes / of service) 1951-pres 425-54-3377	Personnel Service, U. S. Army	
please write the causes of death clearly and legibly	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
V.	IMMEDIATE CAUSE (A) Cerebral Con	tusion	Four hours
an	DUE TO		Tour mours
Physicians:	ANTECEDENT CAUSE (S)		
ıys	GIVING RISE TO THE ABOVE CAUSE DUE TO		
P	STATING UNDERLYING CAUSE LAST.		
نب	(c)		
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OL	DISEASE OR CONDITION CAUSING DEATH.		
mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
7	With the case		YES NO X
ılly	214 ACCIDENT WAS UNDERLYING TO 218. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Count	
especially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etc. INJURY OCCUR?	/2
spe	(IF EITHER, NOTIFY MEDICAL EXAMINER) Highway - Route 40 21D. TIME (Month) (Day) (Year) (Hour) 21E NJURY OCCURRED	Joppa Harfor	d Md
ě	OF INJURY While Not while	1	
.02	Feb 6 1955 1055 AM at work at work	. Maddingstro Mediatio	
ge	22. I hereby certify that I attended the deceased from .6. Fel	b, 19.55 to 6 Feb, 19.55, that I last	saw the deceased
ळ	alive on 6 Feb , 19 55, and that death occurred at	3:15P M. from the causes and on the date	stated above
ct	SIGNATURE A PARAMA	ADDRESS DAT	TE SIGNED
correct	PORUDT T WALKER Jot II MIN NO TO MANAGE	LUS Army Hosp, APG, Md 6 Fe	b 1955
00	ROBERT T. WALKER, 1st It, MC Duty Media  23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REGIOVAL (SPECIFY)	RY OR CREMATORY   LOCATION (City, town, or	county) (State)
	7-1655 4 1050	Equelety History U	SC
	received the first of a		
•	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PEREN V. S. I.

A TOTAL CONTRACT OF THE PARTY O

2 1 1 2 1 2 1 2 1 2 1 2 2

Use See As

M. Var. St.

18 61.00 71

hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

# 1650 CERTIFICATE OF DEATH

Reg. Dist. No. 185-

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Harford MARYLAND	STATE Maryland COUNTY Harfyeld
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside comporete limits, write RURAL and give nearest town)
1	OR and give neerest town)  OR TOWN Faure Ne Live 20 Years	TOWN Houre le France 24
ľ	HOSPITAL OR	STREET (If rural give location)
	7/ STREET ADDRESS Harbord Memorial	ADDRESS 622 Nestrales Street
1	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
		RASIVE 11 DEATH Feb 21 1955
4	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED.	6 1001
	(Specify) Widned Cype.	18, 1886 68 yrs. Months Deys Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	retired) House Wife Home	11141711A 71.5.A.
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Tink Edwards	Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
7	(Yes, no, or unk.) (If Yes, give wer or deles of service)	MRS. FLORENCE B. FREEMAN
		TIFICATION THE PRESENT AND INTERVAL BETWEEN
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1	1120 IMMEDIATE CAUSE (A) PREUMO	NIA 1984
1	ANTECEDENT CAUSE(S) DUE TO	DOCOM DONISATION DUCK
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	DECOMPENDATION, A WELL
	STATING UNDERLYING CAUSE LAST. DUE TO ARTER 10 SC	cleratic Hecertalyeap / 404
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
İ	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
		YES NO
	21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, lectory, OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
ľ	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED   2	P.I. HOW DID INJURY OCCUR?
	M. et work Not while et work	
	22. I hereby cestify that I attended the deceased from 9/5	, 19.3.3, to 2/2//, 19.5.5, that I last saw the deceased
1	alive on 2/2// 19 5 ) and that death occurred at.	9.55 P.M. from the causes and on the date stated above.
٤	SIGNATURE /	ADDRESS (Street, city flown, state) DATE SIGNET
	Havre de Grace, Man, Of	my h Wallsman Mis
2 1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) 2/ / State
	BURIAL FEF. 24, 1955 ANGEL HIL	Lam. ITAVRE DE GRACE Md
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE TEL -24-195-54. L. Lewis Mil.	11-Madison Milefell HAVIRE DE GRACE
1=		IND:

MARYLAND STATE DEPARTMENT OF HEALTH-EALTIMORE, IS

# CERTIFICATE OF DEATH

PARTIES AND THE PARTY OF THE PA				
ONLEDAN AS INCOME	SOMETHERN DAVIDE TO IT			Te do Al 2
word of the state				
	Source Ind. Cappers of all			
		AN MUCH WAS THE		
	Moltricellino	DIAMETER OF		
Don		V9.93		
IABRUA				
gg 83 <sup>4</sup> . n				
A 33				



# 1651 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

# CERTIFICATE OF DEATH

			1	8	1	,
Reg.	Dist.	No				

1. PLACE OF DEATH. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Cecil.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RUBAL and giv	
24 OR give nearest town) (in this place)	TOWN Perrisale	07x-2
HOSPITALOR INSTITUTION OR A STREET ADDRESS & Arland Meranial Hase	STREET Of rural, give location)	
3. NAME OF DECEASED (Fire) (Middle) (Type or Print)	B (Last) 4. DATE (Month) OF DEATH Refruery	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED.	8. DATE OF BIRTH   9. AGE last birthday   If under	year   If under 24 hrs Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1/2 20-100 TI 10 yrs. 1	CITIEN, OF WHAT
done during most of working life, even if retired) INDUSTRY		DUNTER 4
13. FATHER'S NAME of the Board.	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war of dates of	17. INFORMANT AND ADDRESS	1 7110
service)	Me provou, lerryou	le, vaa
18. MEDICAL CEI	RITFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10	ONSET AND DEATH
Immediate cause (a) Cellud J	prompors	24/10
Aniecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Meriseleyeis	>,
260 X) (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Quality	mellities	?
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No ri
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
	101 - 11 -5-	
22. I hereby certify that I attended the deceased from		
alive on	ADDRESS ADDRESS	ted above. DATE SIGNED
Frederich Halen m.D.	) n. Chila, Bled . Aleken me	2/6/-
23. FORIAL CREMATION DATE THEREOF NAME OF CEMETER PLANS OF STATE O	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 16-9-1955 1. Lewis m. d.	24, FUNERAL DIRECTOR TO THE STATE OF LONG TO STATE OF THE	ADDRESS
	we will appoint 42400	MA'S

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# DECEDAED

BUREAU V. S.

executed wil

M

this

the registrar within 72 hours after death. After in by the funeral director, the third copy of

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a bigrial transit permit.

YSICIAN OR HOSPITAL:

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

01637 185-

Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY TAR FORD CO	MARYLAND	STATE MARY	AND COUNTY	
CITY (If outside corporate limits, writa RURAL	LENGTH OF STAY	CITY (If outside corpore	te limits, write RURAL and give ne	erest town)
21 OR and give nearest town)  1 AVRC - DE GRACE	(in this place)	OR TOWN // ELINE	C.DE GRACE	211
HOSPITAL OR	1 /// 6	STREET	(If rurel give location	
MI INSTITUTION OR I	1/	ADDRESS	1 14	/
STREET ADDRESS SAR FORD 116	in Hosp	115 MARKE		
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) DAUID	ALIAN	Bucchi	DEATH FUL-	20 1955
5. SEX   6. COLOR OR   7. SINGLE, MAR	RIED, 8. DATE	OF BIRTH / 9	. AGE lest birthdey   IF UNDE	R 1 YEAR HE UNDER 24 HR
MALE RACE (Specify)	INGLE 8	19.11653	yrs. Months	Days Hours Min.
5	IND OF BUSINESS	11. BIRTHPLACE (Stata or foreig		2. CITIZEN OF WHAT
done during most of working life, even if	DE INDUSTRY	II. DIKTOPEACE (State of Totals	my m	COUNTRY?
retired) Trone	me	Harilde V	race ///4	asA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
alled Ducchi		Edma P	Damare	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	m. 1 1 14
(Yes, no, or unk) (If Yas, give war or datas of service)	71,000	611 18	1, 115/	1/angig 29
· NIO	PLOTE	Willed from	usche of lever	yd-skall
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	,	ONSET AND DEATH
,924	1. hupl -	My Milmani	Si.	
IMMEDIATE CAUSE (A)	MINARY.	· ruwrium		
ANTECEDENT CAUSE(S) DUE TO	100 Justi	Au - PR. AR	110.	150 100 100
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Carly Marve	on well		
STATING UNDERLYING CAUSE LAST. DUE TO	(1)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				The second
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDING	LAOITA REGION 2			20. AUTOPSY?
176. DATE OF OPERATION 176. MAJOR FINDING.	OF OPERATION			YES NO F
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Ho	ma, farm, factory,	21c, WHERE DID INJURY OCCUR	(City or town) (Cou	inty) (State)
	, office bldg., atc.)			
	a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	2	
WI	hile Not while work			
m, a	Work Co at Hork Co	K Vi Pall	94 11	
22. I hereby certify that I attended the deci	eased from FLAT	19.5.5. to. HCH.	(40, 19. p. A., that	last saw the decease
alive on 19.0.0, an	d that death occurred a		uses and on the date stat	ed above.
SIGNATURE	4.9	/ ADDR	ESS (Street, city, town, state)	DATE SIGNE
le L Leune	MD M.D.	Havie DO IVA	RL 1261	2-40-2
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or count	y) (State)
ROMOVAL (SPECIFY) 9-/25/55	- my E.		Handle the	u mrl.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATUR	in an	25. FUNERAL DIRECTOR'S S	ICNATIOE ()	ADDRESS
A SIGNATURE SIGN	1	17 SIMMANNE	In & Rem	MUNICION IN
DATE TEN 22-56+ 11 d.	1 Junes Th	1	Almanit.	- de 11, 11,

MARYLAND STATE DEPARTMENT OF REALTH-RALTIMORE, 18

# CERTIFICATE OF DEATH

Step, Elst. No.

CARLESCEN VO CONTROL BURGERIAN CANDON AND THE STATE OF TH

HISTORY THE GAZINIA AND A SECTION DESCRIPTION OF THE INC.

the first of the second of the

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

24 hours after death.

The bottom copy TO ATTENDIN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 1653 CERTIFICATE OF DEATH

Reg. Dist. No. 8 2

01638

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Harford MARYLAND	STATE Md. COUNTY Harfo	rd.
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neare	
32 OR and give naarest town) (in this place)	TOWN BEL AIR	27
HOSPITAL OR	STREET (If rural give location)	200
INSTITUTION OR STREET ADDRESS	ADDRESS MALICIPLY CHIEF	
3. NAME OF (First) (Middle)	(Lest) 4. BATE (Month)	
DECEASED	6F	(Day) (Year) Ty 20 155
S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   B. DATE C		
MALE RACE W WIDOWED, DIVORCED, SEPT		Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, ayan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
retired CARPENTER SEIF EMPLOYED	MARYLAND	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRANK BUIL	Sophia Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, no, or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS	6 111
1212-16-05	19 SEWELL Bull, BEIR	hir, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
442 IMMEDIATE CAUSE (A) Uremia, terminatin	ig	3_da
ANTECEDENT CAUSE(S) DUE TO		0
GIVING PISE TO THE ABOVE CALISE	-renal disease, chronic	?
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY?
		YES NO P
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from May	1930 19 Feb. 20 1955 that I	ast save the decreed
alive on Feb. 19, 1955, and that death occurred at	AA from the second of the latest	asi saw the deceased
SIGNATURE	ADDRESS (Street, city, lown, state)	DATE SIGNED
Willard P. Heedson M.O. T	Forest Hill, Md.	2-20-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	MD. (Steta)
PEMOVAL (SPECIEV)	- OIGO-FERE TIME	0
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		DDRESS BEIHIT
		1 1 1 h
DATE 2-21.35 Priscella Touvod	FostEr FUNERAL Home Joseph	W. tolar

ST ARCHITEAS - NTIAMS OF PREMERS 950 STATE CHAPTEAM.

# CERTIFICATE OF DEATH

Sancing on agricultural function of the contraction of

Sand And Hitake 172 Car 18 - Little College

on held need

1.17163

216

tendencies patorell

A LIVERINE

FEB S4 Ju-

BECEINED

de particular de la comparate por la comparate de representation de la comparate de la compara

MA 430 TR. 12 ST

The same of

#### MARYLAND STATE DEPARTMENT OF HEALTH

01639

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY LANGE AND	STATE MARYLAND COUNTY	HARFORD
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN HAURE DE GRACE 37 DAYS	TOWN HAURE DE GRACE	2.4
HOSPITAL OR	STREET (If rural, give location)	
A INSTITUTION OF		1
STREET ADDRESS HARFORD MEMORIAL HOSP.	ADDRESS 312 LAFAYEHE	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED Q - 104	OF	
(Type or Print) BEU/Ah	COUITER DEATH FEBRUAR	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year   If under 24 hrs.
FEMALE WhitE WIDOWED, DIVORCED, (Specify) MARRIED	3-24-1899 32- yrn. Montha	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
HOUSEWIYE	MARYIAND	1. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unary WATERS	SARA FIETCHER.	
AARRY WIII-RO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown) [11 yes, give war or dates of	17. INFORMANT OND ADDRESS 12 Refagett	· / 1
(1 es, no, or unknown) (if yes, give war or dates of	Howard I (as It. 812 maggire	11.
A MEDICAL COL	THE THE COURT THE	, Rusce
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
17114	n A-f	OHDER AND DEATH
14.	- al Murno	
Immediate cause (a)	The second of th	
4-43-4(-)	7	
Antecedent cause(s) Diseases or conditions, if any, (b)	( tosas	
giving rise to the above cause		70 40 00 07 11 1 100 101 1 1 1 1 1 1 1 1 1 1
stating the underlying cause last		
(a) (weller	ca -	
(c) Caelory		
II. OTHER SIGNIFICANT CONDITIONS	· · · · · · · · · · · · · · · · · · ·	
(c) Caelory		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	0.7	1 20. AUTOPSY?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Itteres.	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Men	20. AUTOPSY?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Men	Yes No A
(e)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No A
(e)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Men	Yes No A
(e)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No A
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No A (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No A (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No A (STATE)
11. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)     22. Thereby (Day) (Year)   (Hour)   INJURY OCCURRED   While at Not While   Work   At work     22. I hereby certify that I attended the deceased from   Attended   10   10   10   10   10   10   10   1	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.55, to 19.55, that I last se	Yes No A (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19a. DATE (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on 19.5, and that death occurred at alive on 19.5, and that death occurred at	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19 35, to 10, 19 55, that I last see 1. A.m., from the causes and on the date sta	Yes No A (STATE)  aw the deceased ated above.
11. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)     22. Thereby (Day) (Year)   (Hour)   INJURY OCCURRED   While at Not While   Work   At work     22. I hereby certify that I attended the deceased from   Attended   10   10   10   10   10   10   10   1	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.55, to 19.55, that I last se	Yes No A (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE: (Degree or title)	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19 35, to 10, 19 55, that I last see 1. A.m., from the causes and on the date sta	Yes No A (STATE)  aw the deceased ated above.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   22. I hereby certify that I attended the deceased from alive on 19.75, and that death occurred at SIGNATURE. (Degree or title)	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.7, to 10.57, that I last so ADDRESS 10.00 Character Cha	Yes No A (STATE)  aw the deceased ated above.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from At work   alive on 19.5, and that death occurred at SIGNATURE: (Degree or title)	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.7, to 19.57, that I last sa ADDRESS 1000 County	Yes No A (STATE)  aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   22. I hereby certify that I attended the deceased from alive on 19.75, and that death occurred at SIGNATURE. (Degree or title)	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.7, to 10.57, that I last so ADDRESS 10.00 Character Cha	Yes No A (STATE)  aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   22. I hereby certify that I attended the deceased from alive on 19.7, and that death occurred at SIGNATURE: (Degree or title)	(COUNTY)  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  The second of the date standard of th	Yes No A (STATE)  aw the deceased ated above. DATE SIGNED  (State)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Work At work   alive on 19. At work   23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE  AEMOVAL (Specify) 2 10.5 5	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  19.7, to 19.57, that I last sa ADDRESS 1000 County	Yes No A (STATE)  aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   22. I hereby certify that I attended the deceased from alive on 19.7, and that death occurred at SIGNATURE: (Degree or title)	(COUNTY)  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  The second of the date standard of th	Yes No A (STATE)  aw the deceased ated above. DATE SIGNED  (State)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. &

FEB 14 1955

BECEINED

INSTRUCTIONS

#### Palmer, Coroner, suggested that I fill in this certificate. Robert Barthel, M.D. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1671

# CERTIFICATE OF DEATH

01640 Reg. Dist. No./82

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECEAS	ED
COUNTY HAR HORD	MARYLAND	STATE TATO	COUNTY HAT	MORD
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		porete limits, write RURAL end give n	neerest town)
TOWN	(in this place)	TOWN TOWN	770000000000000000000000000000000000000	Y
HOSPITAL OR	The same of the sa	STREET	HOKEB ROAD (If rural give focatio	n) /
INSTITUTION OR TO STREET ADDRESS	William The Book	ADDRESS	מזו ס מי מי חינוי	
3. NAME OF (First)	(Middle)	(Lest) STRI	LT R.D.? MD.	(Dey) (Yeer)
DECEASED	Foard	Durham	OF DEATH Feb.	10
		OF BIRTH		DER 1 YEAR LIF UNDER 24 HRS
RACE WIDO	WED, DIVORCED,	OF BIKIH	9. AGE lest birthdey IF UND Months	
Iv. (Speci	MANUTED   MAIL		66 yrs. ]	1 19
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
retired) FARMER	FARM OWNER	GARFORD	CO. 7 MD.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDE		O C/As
WILLIAM DURHAM		A TJ FIN CF A B.E.	UTDATMIA DAADI	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	1 17, INFORMANT 8	VIRGINIA FOARI	)
(Yes, no, or unk.) (If Yes, give wer or deles of service	e)	MRS. AN	NA F. DURHAM.	STREET. MD.
NO	218-14-9247			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CI	ERTIFICATION		ONSET AND DEATH
1001	Coronary Thrombos	is souts		Immediate
	our onary in ombos	23. 80006		THEREOTISCA
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Coronary Thrombos	sis, previous a	ttack.	2 years
GIVING RISE TO THE ABOVE CAUSE	Journal of The Company	20, 0.0.2000	0 00021	- VOGE B
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	INDINGS OF OPERATION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fectory, Y street, office bldg., etc.)	21c, WHERE DID INJURY OCC	UR? (City or town) (Co	ounty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Ho	ur) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCC	CUR?	
λ				
22 I haraby cartify that I attended th	a deceased from Feb.	19. 10 55 to Fe	eb. 19. 19 55 that	I last saw the deceased
22. I hereby certify that I attended the attent dead on arrival.	have never attend	led deceased be	fore.	ted shave
SIGNATURE	, and that death occurred	al. A.	DRESS (Street, city, town, state)	DATE SIGNED
RIAI	7 171		Hill, Maryland	2-21-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY C		LOCATION (City, town, or cour	
REMOVAL (SPECIFY)			Cocation (city, town, of cour	(Ordin)
BUNIAL Feb. 2		sville	Jarrettevil	Abbress Md .
24. REC'D BY REGISTRAR REGISTRAR'S SIG	GNATURE	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
9.91-1% /200	a. 20 F.	1 Varsenta	111/1/1/1/1/	Sheer Asul

MARYLAND STATE DEPARTMENT OF MEATH SAUTHORS IN

# CERTIFICATE OF DEATH

BUREAU V. E.

'ES 52 1322



4

#### 1655 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01641 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 18

- 1-	7		
	1. PLACE OF DEATH: / Marsland	2. USUAL RESIDENCE (HOME) OF DECEASED:	
1	COUNTY taiford MARYLAND	STATE June COUNTY House	اص
	OR and give nearest town of TOWN full lie Clare neglections.	CITY (It outside corporate limits write RURAL and a TOWN Sum Cle Thomas	give nearest town)
7	HOSPITAL OR Jugad Memmal D.O.A.	STREET (If rural, give location)  ADDRESS  Colonia	/
	3. NAME OF DECEASED: (Type or Print) Csahel Fult	(Last)  4. DATE (Month) (Day)  OF DEATH Lbury /	(Year) 19 5 5
	5. SEX:  6. COLOR OR BACE:  WIDOWED, DIVORCED, (Specify)	1/1889 65 yrs. Months Day	Hours   Min.
1	work done during most of work life, lind of NDUSTRY:	1. Flintville, Md. "1"	COUNTRY!
	13. FATHER'S NAMEY	14. M9THER'S MAIDEN NAME:	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no. or unk.) (If Yes, give war or dates of service) 2/4-/8-72/2	17. INFORMANT & ADDRESS: Mrs. Ceo. Pierce 613 Franklin Home	de Dean Mel
	18. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause (a)	he CV Disease	ONSET AND DEATH
	Antecedent cause(s)		
	Diseases or conditions, if any.  giving rise to the above cause DUE TO  stating underlying cause last  (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
)	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.		(State)
	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   M.   work □ at work □	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I took charge of the remains descri		
	find that death resulted from: Natural causes ( , Acci	ident [], Suicide [], Homicide [], Undeterr  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		nty) (State)
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 A. FUNERAL DIRECTOR	ADDRESS
	REG.	hummer, Jan	1

DEVEDUED ES 891 8. S. V. UABRUA

# CHRISTIE OF DEATH

The state of the s Burney Comment Theres There have been been Description of the second of t July Carl There was to be the declar 

BUREAU V. S.



and there is no want to have occurred been all the allege the FEE AND THE SECRET ON SOME WITH THE SECRET

#### MARYLAND STATE DEPARTMENT OF HEALTH

01643

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Kulod MARYLAND	STATE Mary and COUNTY Land
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
24OR give pearest town) (in this place)	TOWN Below Md. X
HOSPITAL OR	STREET (If rural, give location)
7 INSTITUTION OR/ /	ADDRESS
GILLION REPUBLICATION OF THE PROPERTY OF THE P	Metry fore
3. NAME OF (First) (Middle) DECEASED	(Last) /4. DATE (Month) (Day) (Year)
(Type or Print) BADU GIF	Grogan DEATH Fif. 7 1955
6. SEX.   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATY. OF BIRTH   9. AGE last birthday   If under I year   If under 24 hrs.
Specify WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Spate or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Coverance
infact	mary and
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Heavet a. Trogan	The Gordon
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	1103 4 Klessold
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONERT AND DEATH
Immediate cause (a) ATELECTAS	10
Immediate cause (a) // / / / / / / / / / / / / / / /	· · · · · · · · · · · · · · · · · · ·
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!
OF While at Not While INJURY m. Work At work	
ALTORE ME TOTAL ME WORL	1 -1 111 -
22. I hereby certify that I attended the deceased from Fig.	7, 1955, to fel 7, 1955, that I last saw the deceased
alive on	0:30 m., from the causes and on the date stated above.
SIGNATURE (Pegree or title)	ADDRESS DATE SIGNED
12 h 1 0 1 1 2 1 2 1	) (0) had also my 2.6.55
Now Mc Honoray. M. F	· concern, 12 d. 2- 8-35
28. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) Feb, 9 1955 Oak Grove	D - I NET I D IVA . THE
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNEBAL DIRECTOR ADDRESS \
REG. Fat 11-55 A. L Lewy m. N.	1500000
14-11-351 VI. O. Venus III	- Jeun namas, vellu ma
2025414404	1 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

DECEINED

BUREAU V. S.

1673 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

I DIACE OF SECTION		CIMILITI	CATE OF	DEATH		Reg. Dist.	No. 185-
1. PLACE OF DEATH	:		1 2. USUA	L RESIDENCE (	HOME) OF DE	CEASED:	
CONSTRUCT	Harfor	md be		Marylan	a	COLUMN	Harford
COUNTY CITY (1f outside co	rporate limits, wri	te RURAL LENGTH	OF STAY CITY				give nearest town)
	de Grace	Rural 18 M		THE ALE O	e Grace	Rural	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Havre	de Grace He	ights strei	er Ess Havre de		give location) Heights	3
3. NAME OF DECEASED: (Type or Print)	(First) Lucy	(Middle) Ann	(Last) Grover	4. D.			(Year) 19 55
Female S. Cold	E: WID	GLE, MARRIED, OWED, DIVORCED, SIFT 1ed	8. DATE OF BIRTH:	71	yrs.	Months Day	
work done during me even if retired	IONGive kind of ost of working life, MESTIC	Private H	ome Pe	THPLACE (State	or foreign cou	ntry): 12. CI CO USA	UUNTRY?
13. FATHER'S NAME:				ER'S MAIDEN N.	AME:		
Henry	B. Jones			Delilah	Carl	in	
15 WAS DECEASED EVER 1 (Yes, no, or unk.) (If Ye service	N U.S. ARMED FORCES es, give war or dates	of 220-34-51	No.: 17. INFORMAT	Wheeler	Havre Havre	de Grad de Gra	ce, Md.
1. DISEASES OR CON  # 2 0,/ Immediate cause	e	(a) Coron		usim			Interval Between Onset And Deat
Antecedent caus Disesses or condition giving rise to the stating the underlyi	es (s) ons, if any, above cause ing cause last. DU	(b) E TO					
Antecedent caus Disesses or condition giving rise to the stating the underlyi	es (s) ons, if any, above cause ing cause last. DU	(b)E TO					
Antecedent caus Disesses or condition giving rise to the stating the underlyi  11. OTHER SIGNIFICAT Conditions contribution related to the disease	es (s) ons, if any, above cause ing cause last. DU  NT CONDITIONS ing to the death but e or condition causi	(b)	none				20 AITOPQY ?
Antecedent caus Disesses or conditic giving rise to the stating the underlyi  11. OTHER SIGNIFICAL Conditions contributi	es (s) ons, if any, above cause ing cause last. DU  NT CONDITIONS ing to the death but e or condition causi	(b)	none				20. AUTOPS¥ ? Yes □ No.
Antecedent caus Disesses or conditic giving rise to the stating the underlyi  11. OTHER SIGNIFICAL Conditions contributi related to the disease 19a. DATE OF OPERATI  21. ACCIDENT SUICIDE	ons, if any, above cause lng cause last. DU  NT CONDITIONS ing to the death but or condition causi 10N: 19b. MAJO  (Specify) PL  OF	(b)	CITY, street, (CITY	OR TOWN)	(COUN	TY) (SI	
Antecedent caus Disesses or conditic giving rise to the ststing the underlyi  11. OTHER SIGNIFICAL Conditions contributi related to the disease 19a. DATE OF OPERATI  21. ACCIDENT SUICIDE HOMICIDE	ons, if any, above cause lng cause last. DU  NT CONDITIONS ing to the death but or condition causi 10N: 19b. MAJO  (Specify) PL  OF	(b)	CITY (CITY			TY) (SI	Yes No K

VS. A15

BUREAU V. S.

EEB 58 1822

DECEINED VIEW

THE RESIDENCE OF THE PROPERTY 
ATTENDIN

10

VS A15C 1-55 10M

hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1657

# CERTIFICATE OF DEATH

		R	1	5	
U	1	U	7	U	

	Reg. Dist. No. / 83
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harbord MARYLAND	STATE Md COUNTY Harford
CITY (If outside corporate limits, white RURAL OR and give nearest lown)  OR and give nearest lown)	CITY (If outside corporate limits, write RURAL end give nearest flown) OR TOWN
HOSPITAL OR STATE TO THE TOTAL OR STATE OF T	STREET (If pyrel give location)
71 STREET ADDRESS Har Lord Wernoud Hospital	ADDRESS 4 22 Louraine St.
3. NAME OF (Fift) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Ratherene	ula DEATH 2 - 19 19 55
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, Specify Married July	13-1889 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1/	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown) Partiska	(un ku curu)
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, giva wer or dates of service) Hour	George J. Dula
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
332 IMMEDIATE CAUSE (A) CEREBRAL	THROMBOSIS ZWEEKS
ANTECEDENT CAUSE(S) DUE TO	200 ADTEDIASCIEDAS LAVEARE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	LED AN ILKIUSCELAUSIS TOTCARS
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED :  While Not while et work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from SEPT.	1, 19.52, to FEB, 19, 19.55, that I last saw the deceased
alive on FEB. 19, 19.55 and that death occurred at.	Q.O. P.M, from the causes and on the date stated above.
Drown Mc Donaldhu. D.	Oberden Md. FEB 19 1935
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, Igwn, or county) (Stete)
Removal Secretion Leb 20-1955 Mt. Olivet.	Demetery Maspeth Long Island N. J.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL PIRECTOR'S SIGNATURE  ADDRESS  ADDRESS

MACYTAND STATE OF PARTMET OF HEALTH-TAILY ON ALYGAR

# CERTIFICATE OF DEATH

BUREAU V. S. DESCRIPTION OF THE PARTY AND ADDRESS OF THE PARTY OF THE PARTY AND ADDRESS OF THE PARTY OF THE P

and the perfect of the proof the group the goal of the state of the st

INSTRUCTIONS

TO ATTENDIN

fter death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1658 CERTIFICATE OF DEATH 01646

		Kog, Diot	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY HARJOOL MARYLAND	STATE PENN SYLVAN I SOUNTY PHILA	TEIPHIA
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY of outside corporate limits, write RURAL and give neares	st rown)
	24 TOWN HAUVE de JRACE	TOWN PHILADELPHIA	E 75X-3
	HOSPITAL OR INSTITUTION OR // /	STREET (If rurel give location) ADDRESS	
	71 STREET ADDRESS SIA ILOID Mem. HOSP. To	1/ 314 N. 4/= 51RE	1=1 /
	3. NAME OF (Fifst) (Middle)	OF.	(Dey) (Yeer)
	(Type or Print) EdWARD Elizah H	ARRIS DEATH 2	22 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		
	male Negro (Specify) Widewed 1-15	5 - 1884 7/ yrs. Months	
	done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stele or foreign country) 12.	CITIZEN OF WHAT
	retired) LABORER LONGSHOREMAN	A1/ANIA, 6A. 2	LISIA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ALERED IN
	NOKECORD	NORECORD	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
1	(Yes, no, or unk.) (If Yes, give wer or detes of service)	MRS SUSIE LEE-HA	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		eart Failure	ALTERNATION OF THE PROPERTY OF
	ANTECEDENT CAUSE(S) DUE TO	Harriston Principle of Light Conference of	
	DISEASES OR CONDITIONS. IF ANY. (B)		
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 1 1 11 11	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PER TENSIVE Art	terioscleratic Heart disease	
	TO THE DEATH BUT NOT RELATED TO THE	fus	
	DISEASE OR CONDITION CAUSING DEATH.	143	20. AUTOPSY?
1)	175. MAJOR FINDINGS OF OPERATION	deaths of the second second	YES NO
4	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County	y) (State)
		21f. HOW DID INJURY OCCUR?	
	M. et work et work		THE LIE PLANTS
	22. I hereby certify that I attended the deceased from RIRI	1955 to 2/22 1055 that 1	ast saw the deceased
	1 0100 55	12.40RM, from the causes and on the date stated	
*	alive on	ADDRESS (Street, city, town, stata)	DATE SIGNED
5 10M	The state of the s	9 Revolution St. Have de Grace, Md.	2/23/55
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stete)
A15C	REMOVAL (SPECIFY)	ThodISTCEM SWANS CREE	EK-AAD
VS AI	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		ADDRESS
>	tel 2 4 1 gran la f Lavin med	750 EB. OL Q 711	TRE- de GRACE

Congestine Heart willing the contract of market the theat disease A V UALLUS Googest Handrey septemblished the rection at the state MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01	64	Dist.
O.T.	Reg.	Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185-

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND	STATE NO COUNTY FOR COUNTY
CITY (If outside corporate limits, write RURAL (in this place)  OR and give nearest to the corporate limits, write RURAL (in this place)	(If outside corporate limits write RURAI) and give nearest town)
	TOWN GUTYMAN X
HOSPITAL OR HARLON OR HARLON Memorial	STREET (If rural, give location)
3. NAME OF DECEASED: (Type or Print)  (Middle)  (Hype or Print)	gher   4. DATE (Month) (Day) (Year) 3 -
6. SEX: 6. COLOR OR 7. SINCLE, MARKITED, 8. DATE WIDOWED, DIVORCED, (Specify): Widowed, OCK	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done define most of work die.	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. NOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FOR SS? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Russell
18. MEDIC	AL CERTIFICATION OF A COMMENT OF THE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	THE PARTY OF THE P
18/6 X Immediate cause (a) Fracture 24	bull
Immediate cause  DUE TO	
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	To side multiple
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes No
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	Hurden Harperd Wil
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 1 at work 1	Anto accident, anto - anto type
	bed above, held an Autopsy [], Inspection ([], Inquiry [], and
find that death resulted from: Natural causes , Accid	dent 🗷, Suicide 🗌, Homicide 📋, Undetermined cause 🗍.
Derald C Valmer	M. D. DEPUTY MEDICAL EXAMINER 2/20/55
Burial (Specify) Reb. 23 (95) Rock A	un cem soarford co, mo,
THE 13 (955 (1. Lewis m. N.	24. FINERAL DIPACTOR ADDRESS
1	garlington Mrd,

BUREAU V. S.

LEB E2 1952

BECENAED

registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1660

# CERTIFICATE OF DEATH

Reg. Dist. No...

01648

1. PLAGE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	Philipping county / taylall
CITY (If outside corporete limits, write RURAL LENGTH OF STAY (In shis place)	OR O
24 TOWN farrille have his trong	TOWN Anini Me Meall 311
HOSPITAL OR	STREET (If rural giva location)
INSTITUTION OR STREET ADDRESS	ADDRESS 137 Sleaver
3. NAME OF (First) (Middle)	
DECEASED (Type or Print)	OF 0 // / - 17
100	110 DEATH 2/26/53 19
5 SEX 6. COLOR OR 7. SINGLE, MARNED, B. DATE O	
Maa Marti Province lea	3/-/8// 73 yrs. Months Deys Hours Min.
10a-VSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
tordied Engineer Kaundry	Wastene In Mil Soupery
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jell Genera	Margarell &
15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. JNFORMANT & ADDRESS
(Yas, no, or unkn) If Yas, give wer or dates of service)	7 4 60
213-07-3/5	Trances (Jones 131 Deaune 18
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
11200 Carclina	Verpan languten
ANTECEDENT CAUSE (A)	FECTIVO SILVINA
DISEASES OR CONDITIONS, IF ANY, (B)	I have thereing 2 with
GIVING RISE TO THE ABOVE CAUSE	19 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STATING UNDERLYING CAUSE LAST. DUE TO	classic Heart chream 1 111
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	700
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING ☐ 216. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY straet, office bidg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21F. HOW DID INJURY OCCUR?
M, et work et work	
22. I hereby certify that I attended the deceased from	1059 10 2/2/6/10 55 1-11/1
	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Streat, city, town, state)  ADDRESS (Streat, city, town, state)
marks h Muchanson	HAMO WILL GARD MICH 2/24/05
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   GOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	CREMATORY (City, town, or county) (State)
Junal 1/28/23 miles /	my Hanne Saa, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE TIL-28-1965 11 2. Lewis Mil	Stemel Mise Mil
	The state of the s

MARYLAND STATE OF ARTHURY OF MEALTH CALTRADRE IS . . . CERTIFICATE OF DEATH SAM CAN SECTION OF THE PROPERTY OF

the pe

þ

executed

been

has

certificate

death

should

certificate assembly

10M

A15C

5

2025286384

Ne!

The

DIRECTOR:

FUNERAL

may

copy

Ö be retained

# **NSTRUCTIONS**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1661

## CERTIFICATE OF DEATH

01649

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY HARFOY COUNTY STATE MARYLAND (If outside corporate limits, write RURAL and give nearast town) (If outside corporate limits, write LENGTH OF STAY CITY OR OR and give nearest town) (in this place) LLJOWN 32 TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) (Dey) NAME OF (Last) DATE (Month) (Yaar) DECEASED (Type or Print) DEATH 19 5 SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Davs Hours (Specify) emell 10a, USUAL OCCUPATION (Giva kind of work KIND OF BUSINESS 106. 11. CITIZEN OF WHAT (Stata or foreign country) 12. **OR ANDUSTRY** dona during most of working lifa, evan if COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? \$6. SOCIAL SECURITY NO. INFORMANT & ADDRESS (If Yas, give war or dates of service) (Yas, no, or unk.) INTERVAL BETWEEN ONSET AND DEATH 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY straat, offica bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Not while at work at work 22. I hereby certify that I attended the deceased from... ..., and that death occurred at. M. from the causes and on the date stated above alive on..... SIGNATURE DATE SIGNED M.D NAME OF CEMETERY OR CREMATORY LOCATION (City, Iown, or county) BURIAL CREMATION REMOVAL (SPECIFY) Burla & MIONIA 24. REC'D BY REGISTRAR

IN SECURITIAS ASTASSAS OF RESIDENCE STATE CHALTEAN

# CERTIFICATE OF DEATH

STATE OF BUILDING

A first see that the property of the contract 
FEB 12 1822

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

1	)	
	1	
	53	

10

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1674 CERTIFICATE OF DEATH

CERTIFI	CATE	OF	DE	ATE

			100
Reg.	Dist.	No.	182

01650

1. PLACE OF DEATH:			NCE (HOME) OF DECEAS	SED:
COUNTY Harford	MARYLAND	STATE Md	COUNTY Ha	rford
CITY (If outside corporate limits, wri	ite RURAL LENGTH OF STAY	CITY(If outside	corporate limits, write RURA	
OR and give nearest town) TOWN RuralBel Air	(in this place)		oppa, Maryland	X
HOSPITAL OR INSTITUTION OR Almshouse-	Harford Co.	STREET ADDRESS	(If rural give location	on) /
3. NAME OF (First) DECEASED: DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ELBERT		ERY	OF DEATH: Februar	
5. SEX: 6. COLOR OR 7. SING RACE: WID SPEC	OWED, DIVORCED.	March 1888	9. AGE last birthday IF UNDER Months yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	108. KIND OF BUSINESS OR INDUSTRY:	Md.	State or foreign country):  1	2. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	AIDEN NAME:	
Lewis Lowery		Ellen Reyr		
(Yes, no, or unk.) (If Yes, give war or day of service)	tes 18. SOCIAL SECURITY No.	Mrs. Cora	rorge	Road
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH			ONSET AND DEATH
11/12/				
Life higher 1 X				
IMMEDIATE CAUSE	(A) CEREBRAL T	HROMBOSIS		6 days
IMMEDIATE CAUSE	(A) CEREBRAL T	HROMBOSIS		
ANTECEDENT CAUSE (8)	DUE TO		IAD DICEACE	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) HYPERTENSIVE		LAR DISEASE	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY.	OUE TO  (B) HYPERTENSIVE DUE TO		LAR DISEASE	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) HYPERTENSIVE DUE TO		LAR DISEASE	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	(B) HYPERTENSIVE DUE TO  (C) CONTRIBUTING TO THE		LAR DISEASE	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	DUE TO  (B) HYPERTENSIVE  DUE TO  (C)  CONTRIBUTING TO THE G DEATH.	CARDIC-VASCUI	LAR DISEASE	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	(B) HYPERTENSIVE DUE TO  (C) CONTRIBUTING TO THE	CARDIC-VASCUI	LAR DISEASE	
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING  19a. DATE OF OPERATION: 19B. MA.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO  (B) HYPERTENSIVE DUE TO  (C)  CONTRIBUTING TO THE G DEATH.  JOR FINDINGS OF OPERATIO	CARDIC-VASCU	OID (City or town) (Co	6 days
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION: 19B. MA.	DUE TO  (B) HYPERTENSIVE  DUE TO  (C)  CONTRIBUTING  TO THE G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, factor of the place)  OF INJURY street, office bldg.  (IT)  21E INJURY OCCURRE  While  Not while	CARDIC-VASCU	DID (City or town) (Co	6 days ? 20. AUTOPSY? YES NO X
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION: 19B. MA.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hou	DUE TO  (B) HYPERTENSIVE  DUE TO  (C)  CONTRIBUTING  TO THE  G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, fac  OF INJURY street, office bldg.  (IT)  21E INJURY OCCURRE	CARDIC-VASCU	OID (City or town) (Co R? NJURY OCCUR?	20. AUTOPSY? YES NO T
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MA.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hou OF INJURY)  M  22. I hereby certify that I attended	CONTRIBUTING TO THE G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, factor of injury street, office bldg.  BY STREET OF INJURY OCCURRENCE of injury at work at wor	CARDIC-VASCU	OID (City or town) (Co R? NJURY OCCUR? b14.9, 1955., that I la	20. AUTOPSY? YES NO NO NOTE:  unty) (State)
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION: 19B. MA.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hou	CONTRIBUTING TO THE G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, factor of injury street, office bldg.  BY STREET OF INJURY OCCURRENCE of injury at work at wor	CARDIC-VASCU	OID (City or town) (Cor R7 NJURY OCCUR? b11, 1955, that I lance causes and on the data	20. AUTOPSY? YES NO IN unty) (State)  ast saw the deceased the stated above. ATE SIGNED
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MA.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hou OF INJURY M	CC)  CCONTRIBUTING TO THE G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, factor of the place) OF INJURY street, office bldg.  IT)  21E INJURY OCCURRENT While at work  d the deceased from Janeand that death occurred at	CARDIC-VASCUI  CLORY 21c. WHERE D INJURY OCCUI  D 21f. HOW DID I 20, 19955 to Fe 8:30 M, Hamm th ADDRESS A. D. Forest Hi	NJURY OCCUR?  b. 11, 1955, that I lance causes and on the date of the causes and the causes are the causes and the causes are the ca	20. AUTOPSY? YES NO THE NOTE SIGNED NATE SIGNED
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MA.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hou OF INJURY M	DUE TO  (B) HYPERTENSIVE  DUE TO  (C)  CONTRIBUTING  TO THE  G DEATH.  JOR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, fac  OF INJURY street, office bldg.  IT)  21E INJURY OCCURRE  While Not while at work  d the deceased from Jan.  and that death occurred at  EREOF NAME OF CEMET	CARDIC-VASCUI  Ctory. 21c. WHERE CINJURY OCCUI  D 21f. HOW DID I  20, 19955 to Fe  8:30 William the ADDRESS A.D. Forest Hill	NJURY OCCUR?  b. 11, 1955, that I lance causes and on the date of the causes and the causes are the causes and the causes are the ca	20. AUTOPSY? YES NO THE NOTE SIGNED 14-55 or county) (State)

BUREAU V. S.

Proposition Angels

1. PLACE OF DEATH. COUNTY TOWNSON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	in
CITY (If outside corporate limits, write RURAL and STAY (in this place)	CITY (If outside co-porate limits, write RURAL and give TOWN But - and Ru	rahearest town)
HOSPITAL OR CALTURE MURSing to	STREET (If rural, give location)	1
3. NAME OF DECEASED (Middle) Mc (Middle)	POON 4. DATE (Month) OF DEATH Februa	(Day) (Year)
Lemele Hole 17. State MARRIED WIDOWS DE STATE (STATE OU STATE OU S	1601/1,10/4 0 -3111.	Days Hours Min.
10a. USUAL OCCUPATION (Give land of work) 10b. KARD OF BUSINESS OR done during most of working life, ever it retired	Harford Co, mg,	CITIZEN OF WHAT
for dant	Genet Harper	
15. Was Decease Ever In U.S. Armed Forces? (Yes) no or unknown) (If year, give set of dates of service)	INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arterioseleru	tie Codisease mid	***************************************
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No /X
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from ///5	, 1955, to 2/22, 1955, that I last s	aw the deceased
alive on Fub 21, 1955, and that death occurred at SIGNATURE	ADDRESS from the causes and on the date st	ated above. DATE SIGNED
Derald Claimer	1D Beldir nd. 2/-	22/55
Brandovas Gardin Seb. 24, 1953 Wille	or OR CREMATORY LOCATION (City, town, or dound	Cr. My
DATE PAC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



MARGIN RESERVED FOR BINDING

DECEINED

BUREAU V. S.

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

#### 01652 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	6	7	6	CF

#### ERTIFICATE OF DEATH

Reg. Dist. No.

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 1
legibly	COUNTY Harrond, MARYLAND	STATE Md. COUNTY Har	Land,
leg		CITY(If outside corporate limits, write RURAL and	
P	OR and sive nearest (lown) (in this place)	OR III	
and	X TOWN Del air. Pereval 6 days	TOWN. Kalmia	X
ly	HOSPITAL OR	STREET (If rural give location)	1
To I	9 STREET ADDRESS HARLAND CAMPARAGE SENT HOME	ADDRESS BOL- CIAN (K)	
cle	10 Tayory Community 11 o mes	N 300 000 01.10	
Ч	3. NAME OF (First) (Middle)	Last) 4. DATE (Month) (Da	
death clearly	(Type or Print) SHERMAN	NK DEATH: TOB- 2	1955
	5. SEX:  6. COLOR OR  7. SINGLE. MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE.	
of	m. RACE: WIDOWED, DIVORCED, (Specify): widowey	1864 91 yrs. Months Day	ys Hours Min.
02	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHRLACE (State or foreign country):  12. C	ITIZEN OF WHAT
causes	work done during most of working life, OR INDUSTRY:		OUNTRY?
8	even if retired): Farmer	ush co. 11.C.	· 5.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
	not Rnown	Mehaley Mink	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
M.	(Yes, no, or unk.) (If Yes, give war or dates	Account mich (Nache)	, md.
Se	of service)	oucar A. Minne, Vio and	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
please	18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420,1	V Danlucian	1 0
ns.	IMMEDIATE CAUSE (A) DUE TO	A DEFENDATION	194.
Physicians	ANTECEDENT CAUSE (S)	Y OCCLUSION DIO- VASCULAR DISEASE	
53.	DISEASES OR CONDITIONS, IF ANY, (B) CAR	DIO- VASCULAR DISEASE	
Ph.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
	(C)		
important.	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rts	TO THE DEATH BUT NOT RELATED TO THE	ARTHRITIS	
bo	DISEASE OR CONDITION CAUSING DEATH,		-
im	198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
No			YES NO
especiall	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factor)	ory, 21c. WHERE DID (City or town) (County	(State)
ec.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
9	OF INJURY While at work at work		
.02			
86	22. I hereby certify that I attended the deceased from Man.	5, 1948, to 2(2/5), 19, that I last s	saw the deceased
ल	alive on 1 36 51 , 19, and that death occurred at		ated above.
ct	A SIGNATURE	ADDRESS	SIGNED,
correct	104 40 0 00 41	o. Forest Hell MD	1/2/51-
100		ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	DEMOVAL CONGUEY		10 1
	1020000	morea Hardens Bel-an Harfor	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAB	24. FUNERAL DIRECTOR +	ADDRESS no /

BECEINE

BUREAU V.

936I 6 834

OR HOSPITAL:

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1662

01653

CERTIFICATE	OF DEATH Reg. Dist.	No. 185-
T	2. USUAL RESIDENCE (HOME) OF DECEASED	
	MAGGILAND UNG	Cond
, write RURAL LENGTH OF STAY	CITY (Il outside corporeta limits, write RURAL and give neares	t town)
(In this place)	OR TOWN HALLOS OF GROOM	1/20
RACE, 1901 - 12 HRS.	TIFFURE CULTE	e, 170 x4
Rd Memorial Hospital	STREET ADDRESS 666 GREEN ST	
(Middle)	Lest) 4. DATE (Month) (	Day) (Year)
ege Nelson Mit	Chell DEATH FEBRUAR	1 18 1955
7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	BIRTH 9. AGE lest birthday IF UNDER 16 Months	
d of work   10b. KIND OF BUSINESS   11.	BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
or even if OR INDUSTRY PETIPEP	HAR FORD CO. MD	COUNTRY?
1	14. MOTHER'S MAIDEN NAME	
1: tchell	MARY AMANDA YVAIK	EP
ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	TRI
or dates of service) 2,17-0,5-7905	GNELSON MITCHELL	HOUSE OF GERAGE
TLY LEADING TO DEATH  (A) ACUTE CORONAL  DUE TO  IV. (B)  ST. DUE TO	RY OCCLUSION	ONSET AND DEATH TO
(C) CONTRIBUTING		
TO THE		
DEATH		20. AUTOPSY?
THE MAJOR THUMGS OF OPERATION		YES NO
D 21b. PLACE (Home, farm, fectory, CTH OF INJURY street, office bldg., atc.)	WHERE DID INJURY OCCUR? (City or town) (County	(State)
	. HOW DID INJURY OCCUR?	
		STATE OF A STATE OF THE STATE O
I attended the deceased from		
10 muses	ADDRESS (Street, city, town, state)	DATE SIGNED
DATE THEREOF   NAME OF CEMETERY OR CR	LEMATORY   LOCATION (City, town, or county)	(Steta)
FEB211955 ANGELI	HILL CEM HAVIRE DEGI	PACE MD.
REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AD	DDRESS

ath. After to death. third hours after the the director, within registrar the by P. 5 with FUNERAL DIRECTOR: The law requires that the death certificate be filed certificate has been executed by the attending physician and completely burial transit or attending physician. use as by the hospital detached Pe certificate has been executed by death certificate assembly should The bottom

1. PLACE OF DEATH

OR

SEX

TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS

NAME OF DECEASED

(Type or Print)

13. FATHER'S NAME

(Yas, no, or unk.)

(If outside corporate limits, write RURAL

COLOR OR

RACE

10a. USUAL OCCUPATION (Give kind of work

15. WAS DECEASED EVER IN U. S. ARMED

done during most of working life, even If retired) SCHAUFER

I DISEASES OR CONDITIONS DIRECTLY LEADING

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(Month)

22. I hereby certify that I attended

(Day)

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

alive on..... SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)

REC'D BY REGISTRAR

19a. DATE OF OPERATION

21d. TIME OF INJURY

DEORGP

(If Yas, give war or dates of san

DATE THEREO

end give neerast town)

1-55 10M A15C

BY JEOMITIAN HELDER TO THEM TRANSPORT OF MEASTH-BALTIMORE, 18

# 1802 CHRTINCATE OF DEATH

MOTOR STATE OF THE 
BUREAU V. S.

FEB 22 1975

DECENSED

~

E DEPARTMENT	OF HEALTH—BALTIMORE,	18	01654
RTIFICATE	OF DEATH Reg	. Dist.	No. 182

	CERTIFICATE	OF DEATH	Reg. Dist. No. 102
1. PLACE OF DEATH:	~	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
COUNTY HARDOND	(O U MARYLAND	STATE Mar	COUNTY
CITY (If outside corporate limits, wri	te RURAL LENGTH OF STAY (in this place)	OR TOWN 94 lower	limits write RURAL and give nearest town
HOSPITAL OR INSTITUTION OF STREET ADDRESS		STREET ADDRESS OY LESN	(If rural give location)  (If was a second s
3. NAME OF DECEASED: (Type or Print) (First)	Q, $m$		(Month) (Day) (Year)  1: Kuby 15 - 1911
Nale White (Sp.	GLE, MARRIED, 8. DATE O DOWED, DIVORCED, Oct.	2-1897 5	Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): names.	106. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State of f	MENTRY!
13. FATHERS NAME: MI	tree	MOTHER'S MAIDEN NAME	Long ig le
15 WAS DECEASED EVEN IN U.S. ARMED FORCE (Yes, no, or unk.) (11 Yes, give war or dates service)	of 16. Social Security No.: 17, 1	hit hit il	Pylhville Mg
1. DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICATIO	The on lain	Interval Betwee
Antecedent causes (s) Diseases or conditions, if any,	(a) Dato rate JE TO ar tensor	reliesis. Ehron	ic Myreadly ?
stating the underlying cause last. DU	(c)		
<ol> <li>OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death burelated to the disease or condition caus</li> </ol>	t not		
19a. DATE OF OPERATION: 19b. MAJ			20. AUTOPSY 1
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour, OF INJURY m	While at Not While Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended	72	74 1 10	1955, that I last saw the deceased
alive on O. 4, 19 J., ar	(Degree or title)	from the caus	es and on the date stated above.  PATE SIGNED
BURIAL CREMATION DATE THE REMOVAL ASpecify	REOF NAME OF CEMETER	Y OR CREMATORY LOCAT	TION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRA	-/955 hndson	SOMERAL DIRECTOR	door Cem Joyi Co J.
REGISTRAR - 53- Prus	cella forwood	Descritta W.	Droherry Dewartelow

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The correct MARGIN RESERVED FOR BINDING

is especially important. Physicians: please

age

write the causes of death clearly and legibly.

A15 VS.

000 1100 135 Oplandle med. Ellewille Mit. VI havelle Hed Edward C. Mintal Tetres 1913 While Marind Cat. 121-1897 571 45 Farmer Farmer Emmalituding W 115.6 albert Mitzel Poplarille Med

BUREAU V. S.

FEB SI 1955

BECEINED

Curral Fily, 19-1955 Mindoor Gener Mindoor Confee Co

executed wi

registrar within 72 hours after death. After this by the funeral director, the third copy of this

후.드

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

SX

The bottom copy may be retained by the hospital or attending physician.

ATTENDIN

0

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01656

				2. USUAL RESIDE	NCE (HOME) OF	ECEASE	)		
COUNTY Harford				Ma.	ryland county	H	arfo	rd	
CODIALI	CITY (If outside corporete limits, write RURAL LENGTH OF STAY		SIAIL	COUNTY porate limits, write RURAL					
OR and give negrest town (in this place)  TOWN Abingdon lifetime		OR	bingdon	and Sive ties	931 10Will				
HOSPITAL OR		STREET	9				X		
INSTITUTION OR STREET ADDRESS			ADDRESS	(it rure) g	ive locetion)			1	
3. NAME OF (First) (Middle)		(Lest)		onth)	(Dey)	(Yee	er)		
(Type or Print) Marie M. Mouls		dale	DEATH F	FARLIA	PY !	23.0	50		
5. SEX   6. COLOR OR   7.			8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER	1 YEAR	IF UNDER	24 HR:
Female White	(Specify Mar)		Febr	July,21,1900	54 yrs.	Months	Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work	10b, KIN	D OF BUSINESS		11. BIRTHPLACE (State or for				N OF WH.	AT
done during most of working life, even it refired) housewife	nor	INDUSTRY		Maryland			COUN	U.S.	
13. FATHER'S NAME	1 202			14. MOTHER'S MAIDEN	NAME	1		0 4 10 4	
Frederick Morlok				Rosia	De Martin				
5. WAS DECEASED EVER IN U. S. ARMED F		. SOCIAL SECL	JRITY NO.	17. INFORMANT &	ADDRESS				
(Yes, no, or unk.) (If Yes, give wer or detes	of service)	no	one	Andrew G	. Moulsdale,	Abing	don.	Md.	
			DICAL CE	PTIFICATION			INITE	DVAL BETY	VEENI
F.14	6.	NERA		ED CARCI	NOMATO:			RVAL BETY	
ANTECEDENT CAUSE (A	N GE	NERA	HLIZ	ED CARCI	NOMATO:	5/5	OV		
ANTECEDENT CAUSE (ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE	TO AD	NERA	HLIZ		NOMATO.	5/5	OV	ER AND D	
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE  TATING UNDERLYING CAUSE LAST.  (4)	A) GE TO AD	NERA	HLIZ	ED CARCI	NOMATOS	5/5	OV	ER AND D	
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (()  I OTHER SIGNIFICANT CONDITIONS CONTRI  TO THE DEATH BUT NOT RELATED TO THE	A) GE TO AD	NERA	HLIZ	ED CARCI	NOMATO: PECTO SIG	5/5	OV	ER AND D	
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (T) OTHER SIGNIFICANT CONDITIONS CONTRIL  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	A) GE TO AD	eno (	ARC	ED CARCI	NOMATO: RECTO SIG	5/5	ONS	SET AND D	YX.
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (98. DATE OF OPERATION  195. M	A) GE TO AD TO C) BUTING  AJOR FINDINGS NO CAR	OF OPERATION	ARC	ED CARCII	RECTO SIG	MOID ASTASE	ONS OV	ER AUTOPS	EATH YA
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST,  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH  P. DATE OF OPERATION  195. M  196. ACCIDENT WAS UNDERLYING  120. CONTRIBUTING  120. CAUSE OF BEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	A) GE TO AD TO C) BUTING HAJOR FINDINGS	OF OPERATION	ARC	ED CARCII	RECTO SIG	SIS	ONS OV	ER AUTOPS	EATH YA
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  OF THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  OUT  OUT  OUT  OUT  OUT  OUT  OUT  O	A) GE TO AD TO C) BUTING  AJOR FINDINGS NO CHR Tb. PLACE (Home of INJURY street, c	OF OPERATION  LINON  Joseph Land Company  Joseph La	ALIZ.	ED CARCII	WITH MET	MOID ASTASE	ONS OV	ER AUTOPS	EATH YA
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH  P. DATE OF OPERATION  19b. M  10c. ACCIDENT WAS UNDERLYING 1 2  RE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  RE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  RE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  RE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  ACCIDENT WAS UNDERLYING 1 1  BE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  ACCIDENT WAS UNDERLYING 1 1  ACCIDENT WAS UNDERLYING 1 1  BE CONTRIBUTING 1 2  ACCIDENT WAS UNDERLYING 1 1  ACCIDENT WAS UNDERL	TO AD  TO AD  TO C)  BUTING  AJOR FINDINGS  NO CHR  TID. PLACE (Home  FINJURY street, co  Tr) (Hour)   21e.	OF OPERATION  CINOM  E, ferm, fectory  office bldg., etc.  Not  Not	ARCO While while	ED CARCIA	WITH MET	MOID ASTASE	ONS OV	ER AUTOPS	EATH YA
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIE  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  9e. DATE OF OPERATION  19b. M  10c. ACCIDENT WAS UNDERLYING 12  20c CONTRIBUTING 12  CAUSE OF DEATH  10c. ACCIDENT WAS UNDERLYING 12  RECONTRIBUTING 12  CAUSE OF DEATH  10c. ACCIDENT WAS UNDERLYING 12  RECONTRIBUTING 12  CAUSE OF DEATH  10c. ACCIDENT WEDICAL EXAMINER)  10c. ACCIDENT WEDICAL EXAMINERY  10c. ACCIDENT WEDICAL	TO ADDITIONS  AND CHR  TO CHR  AND CHR  TO CHR	OF OPERATION  C.I.V.O.M. e, form, fectory office bldg., etc.  INJURY OCCU le Not et w.  assed from	RRED while	ED CARCIA INOMA  CTO SIGMOID 21c. WHERE DID INJURY OCC  21f. HOW DID INJURY OCC	WITH METOUR? (City or town)  UR?  3. 746, 19.5	ASTASE (Coun	ONS YES YES	O. AUTOPS  (Stete	YA III
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  OF CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  OF CONDITION CAUSE LAST.  OF CONDITION CAUSING DEATH.  OF CONTRIBUTING CAUSE CONDITION CONTRIBUTION  OF CONTRIBUTING CAUSE OF DEATH.  OF CO	TO ADDITIONS  AND CHR  TO CHR  AND CHR  TO CHR	OF OPERATION  C.I.V.O.M. e, form, fectory office bldg., etc.  INJURY OCCU le Not et w.  assed from	RRED while	ED CARCIA INOMA  CTO SIGMOIO 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC  11. 1954, to 2: 11. 34P.M. from the	WITH METOUR? (City or town)  UR?  3. 746, 19.5	ASTASE (Coun	200 YES	O. AUTOPS  (Stete	Cease C
ANTECEDENT CAUSE DUE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Ye. DATE OF OPERATION  ACCIDENT WAS UNDERLYING 195. M  I.E. ACCIDENT WAS UNDERLYING 12 R CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION CAUSE OF DEATH	TO ADDITION TO COME TO	OF OPERATION  CINOM  a, ferm, fectory  office bldg., etc.  INJURY OCCU  te Not  ork et w  assed from  that death	RRED while while occurred a	ED CARCIA INOMA  CTO SIGMOIO 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC  11. 1954, to 2: 11. 34P.M. from the	WITH METAUR? (City or town)  UR?  Causes and on the	ASTASE (Coun	200 YES	AUTOPS  (Stete	Cease C

BY TAKEN ALMS ALMS TO BE THE TO THE WASTE STATE ON WITH THE THE HTARO TO STADING TO WELL YARDAN TO SEE mone contract of the contract S EN ECHLICLEY (ACCOMODINATIONS IN AVER INC AGENC CARLINGTIC ARETESTICATION BUREAU V. S. SUCT TO BAY I SEE TO SEE TO ME TO A SEE THE SE The the the same and so the east to be say . In the state of The section is a second of the party of the second of the TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

Par.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1663

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY HARFORD MARYLAND	STATE MARY AND COUNTY HAKFORD
	CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town)  ON TOWN HAVRE AF GRACE 13 HRS	TOWN White ford
	HOSPITAL OR	STREET (If rural give location)
	MISTRUTION OR HARFORD MEMORIAL HOSO.	ADDRESS
	3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Dey) (Year)
6	DECEASED HENRY TAMES NO	ORRIS DEATH FEBRUARY 131955
	S. SEX   6. COLOR OR 17. SINGLE, MARRIED,   8. DATE OF	
	RACE , WIDOWED, DIVORCED,	87 yrs. Months Days Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	Post MASTER CIVISERVICE	MARYLAND TLSA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	MATTHEW NORRIS	SUSANNA GIHING
鷾	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) (If Yes, give wer or detas of servica)	& Myttle
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	1201 IMMEDIATE CAUSE (A) Coronary Occh	useon with myocardel. 36 hrs.
	DUE TO A	- lutarction
ı	DISEASES OR CONDITIONS, IF ANY, (B) AMERICA CLUSSES	ie Cardiovascular discase:
	STATING UNDERLYING CAUSE LAST. DUE TO	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. U Symula by Disease Or Condition Causing Death.	ia Dabetes Mellitus
3	196, DATE OF OPERATION   196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	MANO	YES NO NO
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., e1c.)  [If EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
		21f. HOW DID INJURY OCCUR?
i	While Not will at work at work	1 CON DID INSURT OCCUR.
	22. I hereby certify that I attended the deceased from FPb-12 U	to, 19 5t, to Feb. 13 th 19 5, that I last saw the deceased
		12
	alive on 12 12 19 55 and that death occurred at.	
10 M	SIGNATURE	ADDRESS (Streat, dty, town, state) DATE SIGNED
	1/2007 11 1 M.D.424	ON Union Ave Harre all hace wit 2/12/
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY   LOCATION (City, town, or county) (State)
20	DEMOVAL (SPECIFY)	
₹	BURIAL FEB.16,1955 SLATE RI	
2	24. REC'D BY REGISTRAR REGISTRAR'S MGNATURE	25. SUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE + et. 14-55 1. L. Ferris M.	& John H. Harking Wella

# CERTIFICATE OF DEATH

BUREAU V. S.

**LEB!** 12 1952

BECEINED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1004		01657,
MARYLAND STATE DEPARTMENT OF MEDICAL EXAMINER'S CER	MINICIAME OF DEAMY	Reg. Dist.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Harford MARYLAND	STATE Md. COUNTY Harford	d
CITY (If outside corporate limits, write RURAL OR and give nearest town) Bel Air LENGTH OF STAY (in this place)	CiTY (If outside corporate limits write RURAL and OR TOWN Bel Air	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 N. Main Street	STREET (If rural, give location) ADDRESS 308 N. Main Street	/
S, NAME OF (First) (Middle) DECEASED: (Type or Print) NORMAN MUNDER PRATHER	(Last) 4. DATE (Month) (Day) OF DEATH Feb. 16	(Year) 19 55
Male RACE: White (Specify): XXXX	PE OF BIRTH: 9. AGE last birthday: IF UNDER I YE  19. AGE last birthday: Months Day  49 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  10b. KIND OF BUSINESS (INDUSTRY; W. Md. Dairy	I am a manual (money of forcibit conting) ! I am	COUNTRY? U.S.A
IS. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Francis Prather	Isabella clendenin	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (1f Yes, give war or dates of no service) 212-03-2977	Mrs. Ruth Russell Prather Bel	air, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  LH		INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause DUE TO stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY	20,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes 13, Accisionature  23. BURIAL, CREMATION,   DATE MEREOF   NAME, OF CEMETE	ident [], Suicide [], Homicide [], Undeterr CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	nined cause DATE SIGNED Feb.16, 1955
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	RY OR CREMATORY, LOCATION (City bwn, or cou	nty) (State)

tif

-Sitings Mc. mine melan 1274-23-213 . Primite 16. Hols a. w. Holines

VS A15C 1-55 10M

INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1679

# CERTIFICATE OF DEATH

01658

I. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	360
COUNTY Harford	MARYLAND	STATE Marylan	d WY COUNTY Har	ford
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corporat	e limits, write RURAL end give	neerest town)
X OR and give neerest town) Aberdeen	(in this place) 31 days	TOWN (Aberdee	n Tassest	Town 69X
HOSPITAL OR IT S ATTITUTE HOST		STREET	(If rurel give locel	lion)
So STREET ADDRESS Aberdeen Proving		302 Old Post	Rond	177 Teachust
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
DECEASED		The second secon	OF	
VEIGH		HAFFER	160.	19 1955
5. SEX 6. COLOR OR 7. SINGLE, A WIDOWEI	D. DIVORCED.	OF BIRTH 9.	AGE lest birthday IF UI	hs Days Hours Min.
Female White (Spacify)	Single Jan.	20, 1955	yrs.	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Stata or foraign	country)	12. CITIZEN OF WHAT
ratired) None	None	Maryland		U.S.A.
IS. FATHER'S NAME	0110	14. MOTHER'S MAIDEN NA	ME	
Cohout T Shaffer		Georgenia D.	Eniakaan	
Robert J. Shaffer  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADI	DRESS Robert J S	Shaffan
(Yas, no, or unk.) (If Yes, give wer or detes of service)				
No			t Rd, Aberdee	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CEI	RTIFICATION		ONSET AND DEATH
n O Cere	ebral Anoxia with	h resultent inab	ility to swal	llow 31 days
IMMEDIATE CAUSE (A)				3
ANTECEDENT CAUSE(S) DUE TO	electasis			
DISEASES OR CONDITIONS, IF ANY, (B) Ate	STECOSDID			
STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MAJOR FINDS	INGS OF OPERATION			20, AUTOPSY?
				YES TO NO
	(Home, farm, factory, reat, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED Whila Not while at work et work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the		10 55 to Feb	79 10 55 14	at I last saw the decease.
The state of the s				
alive on Feb. 19 19.55	and that death occurred a		uses and on the date s CSS (Street, city, town, state	
ROBERT D HUME JR. Mai MC	M.D. U	S. Army Hosp., A	berdeen Provi	ng Ground, Md.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF EMETERY OR	CREMATORY	LOCATION (City, town, or co	ounty) (Steta)
Removal 2/22/53	5 Centre	own)	James Town	new york
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNA	TURE	25 FUNERAL DIRECTOR'S SU	MATURE	ADDRESS ()
DATE 2/22/55 0/ellie	J. Terry	John 4. Var	ring aberd	een medi
2015232354	1	0		

MARYLAND STATE DIPARTMENT OF HEALTH-EALTHOUGH IS

# CERTIFICATE OF DEATH

O VOLUME NO	I S. WOUAL RESIDENCE INDINE		MIASO TO SPAIN
the state of the second	po via Modelin della mode il	WHO CAVIDA	FOR SUPPLEMENT OF THE PARTY OF
The second secon	THE PART OF SERVICE STATE OF STATE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE S		
	man of the second second		The state of the s
		The second second second second	
	Line June 16 th		A STATE OF THE STA
	A. GAYE OF OF OF OF OF OF OF OF OF OF OF OF OF		CERTATOR
COMMENT OF STREET	CAS SEL TO	The State of the S	
	The start of	STATE OF THE PARTY	
THE WALLES	The opposite to the transfer		a agent in a line of the line
		DARCES IN PARKS OF	
	MAN WATER CHRITCH IN		
	Coles de Absorbs		
	many balands, a michaline at the		COLUMN TOWN THE THE THE COLUMN THE
To the same	DR Start Back Back		and his other size in a last to the last of the
MILE IS AN OWNER TO SEE THE PERSON OF THE PE	President	10. BEDICAL CER	
	HOLDS IN DOCK		
			THE STATE OF THE S
			OF MER HAN SHARE AND ADDRESS OF THE REAL PROPERTY.
The state of	and the policy of the same		THE REPORT OF THE PARTY OF THE PARTY.
			EAM STOLEN THE PERSON NAMED OF
ROKENO			

the condition of the Condition of the North State of the 
CALLED SEED ST. 15 10 THE CONTROL OF THE SEED ST. 1022 CONTROL



VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01659

E VII			
680	CERTIFICATE	OT	TOTAL A PITT
	UNITEDATE	UF	DUALL

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY HURLING MARYLAND	STATE MARYLINGUNTY 2	Hartord
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURA	
OR and give nearest town) (in this place)	OR / 1 and	
X TOWN Tallston Kural 3 mo.	TOWN Fallston	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location ADDRESS	on)
STREET ADDRESS	Kusal >	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED: William Franklin S	PARKS OF DEATH Feb-	6- 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify) Engle	17, 1950 4 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 11	2. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jesse Sparks	mary Duncan	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Jesse Sparks tall	ston med
18. MEDICAL CERTIFICAT	TION /	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
051X 0 T	•	>
IMMEDIATE CAUSE (A)	rus	
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. (B) QC . Should	esceal onsuliles	7
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO C
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etory, 21c. WHERE DID (City or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	5 , 1955, to tel 5 , 1953 that I l	ast saw the deceased
alive on, 1932., and that death occurred at	12.15 H M, from the causes and on the da	DATE SIGNED
11/100 1 12/11/11/11	1.0. Frest still	2/7/55
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town	, or county) (State)
Bureal Teb-8 1954 Triendas	hip methodiss fallstin	ma
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



The correct

1665	01660
Items 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 185
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY HARFORD MARYLAND STATE MD COUNTY HAPPE	<b>プタカ</b>
CITY (If outside corporate limits, write RURAL / LENGTH OF STAY   CITY (If outside corporate limits, write RURAL and	give nearest town)
OR and eve hearest town)  OR CRACE  OR TOWN  OR TOWN  OR TOWN  OR TOWN  OR TOWN	CTY MD
HOSPITAL OR STREET (If rural, give location) ADDRESS	24
STREET ADDRESS 131 WEBER STreeT	
3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day OF	(Year)
(Type or Print) NONHLD STILLMAN DEATH 2 -49	18 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER TY Months Da	EAR IF UNDER 24 HRS.  Hours   Min.
THLE White Specify: STNGCE JULP / 1930 yrs.	CITIZEN OF WHAT
work done during most of work life, INDUSTRY:	COUNTRY?
13. FATHER'S NAME: NOWE NOWE 14. MOTHER'S MAIDEN NAME:	U. S.A.
EUGENE I STILLMAN RUBY G SAYERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SPCHERTY NO. 17. INFORMANT & ADDRESS.	
(Yes, no, or unk.) (If Yes, give war or dates of NONE EUGENE I STILLMAN 131 WEBERS	T House Garen
18. MEDICAL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  576,X  Generalized peritonitis	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	20. AUTOPSY? Yes No□
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Yes No 🗆
giving rise to the above cause  stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF Street, office bidg., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while NJURY  M. Work A work 1 at work 1	Yes No [] (State)
giving rise to the above cause  stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bids., etc., INJURY OCCUR?  While at Not while Street, office bids., etc., INJURY OCCUR?  While at Not while Street, office bids., etc., INJURY OCCUR?  While at Not while Street, office bids., etc., INJURY OCCUR?  While at Not while Street, Office bids., etc., INJURY OCCUR?  While at Not while Street, Office bids., etc., INJURY OCCUR?  While at Not while Street, Office bids., etc., INJURY OCCUR?  While at Not while Street, Office bids., etc., INJURY OCCUR?  While at Not while Street, Office bids., etc., INJURY OCCUR?  OF Street, Office bids., etc., INJURY OCCUR?  While Street, Office bids., etc., INJURY OCCUR?  The Street of Street, Office bids., etc., INJURY OCCUR?  The Street of Street, Office bids., etc., INJURY OCCUR?  The Street of Street, Office bids., etc., INJURY OCCUR?  OF Street, Office bids., etc., INJURY OCCUR?  The Street of Street, Office bids., etc., INJURY OCCUR?	Yes No   (State)
giving rise to the above cause bue to stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection find that death resulted from: Natural causes Accident A	Yes No [] (State)
giving rise to the above cause bue to stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Work OF INJURY  22. I hereby cartify that I took charge of the remains described above, held an Autopsy Inspection find that death resulted from: Natural causes Accident Accident Accident Homicide Inductor Chief Medical Examiner M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER	Yes No□ (State)  Inquiry □, and mined cause □.
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection find that death resulted from: Natural causes Accident SIGNATURE  SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or contribution)  ASSISTANT MEDICAL EXAMINER DEPUTY MEDIC	Inquiry □, and mined cause □.  DATE SIGNED  2-19-55  unty) (State)
giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Work OFF INJURY OCCURRED INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Infinity of the control of	Inquiry   , and mined cause    DATE SIGNED

SECEINED SECEINED

BUREAU V. 2

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

I. PLACE OF DEATH:  COUNTY Harford MARYLAND  CITY (If outside corporate limits, write RURAL OR and give negret todd)  HOSPITAL OR  CITY (If outside corporate limits write RURAL (in this place) OR TOWN  STREET (If outside corporate limits write RURAL OR STRAY (in this place) OR TOWN  STREET (If rural, give	
CITY (If outside corporate limits, write RURAL OR and give negations)  LENGTH OF STAY (If outside corporate limits write RURAL (in this place) OR TOWN  Abingdon  STREET (If rural, give	
OR and give newtrough (in this place), TOWN Abingdon  HOSPITAL OR  STREET (If rural, give	arford
	JRAL and give nearest town)
INSTITUTION OR ADDRESS STREET ADDRESS	location) /
3. NAME OF (First) (Middle) (Last) 4. DATE (Month DECEASED: (Type or Print) James F. Van Valkenburgh, Jr., DEATH TOTAL	(Day) (Year) 1955
male RACE: WIDOWED, DIVORCED, Feb.8,1920 35 yrs.	onths Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): North Carolina	country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:  James F. Van Valkenburgh  14. MOTHER'S MAIDEN NAME:  Annie Boling	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Regina M. Van Valkenburgh, At	oingdon, Md.,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  14.20./ Immediate cause  (a)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(S)  Diseases or conditions, if any, (b)  giving rise to the above cause stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes [] No [2]
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OF Street, office bldg., etc., INJURY  OF Street, office bldg., etc., INJURY	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF Street, office bldg., etc., 12c. (City or town)	Yes 🗆 No 🗗
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work OF INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection in that death resulted from: Natural causes Accident Accident Accident Homicide Accident	Yes   No   (State)  etion   , Inquiry   , and Undetermined cause   .  DATE SIGNED
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  22l. Injury OCCURRED While at Work A town work A town work Injury OCCUR?  22l. I hereby certify that I took charge of the remains described above, held an Autopsy Inspecting that death resulted from: Natural causes A caldent Injury Medical Examinest Deputy Medical Examinest	Yes   No   (State)  etion   , Inquiry   , and Undetermined cause   .  DATE SIGNED

BUREAU V. S.
BUREAU V. S.

the state of the s

USUAL RESIDENCE (HOME) OF DECEASED;

4. DATE

OF

DEATH

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)

mon

Phace

(If rurai, give location)

(Month)

(Day)

9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months

(State or foreign country): | 12. CITIZEN OF WILAT

(Year)

19

Hours

COUNTRY?

425 A: Union line.

Pareland

Kowel

17. INFORMANT & ADDRESS:

14. MOTHER'S MAIDEN NAME:

TOWN

STREET

(Last)

WeyMouTh

8. DATE OF BIRTH:

ADDRESS

un and

MARYLAND

(Middie)

/INDUSTRY:

7. SINGLE, MARRIED, WHO WED, DIVORCED, (Specificallice)

10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR / 11. BIRTHPLACE

Was Deceased Eyer In U.S. Admed Forces ? 16. Social Security No.:

LENGTH OF STAY

(in this place) 6 hrs.

erdeen / rosing ston

	correct
M	The cly.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Thanke is especially important. Physicians: please write the causes of death clearly and legibly.
3	ITE PLAINL
- 53	WE

F 0	te te	168-03-353) Mullice J. M. Weynmin I Ame o	4 Bleace Ma
RESERVED	5	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Communited fracture pelvis  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)	INTERVAL BETWEEN ONSET AND DEATH
MARGIN	UNFADIA Physicians	giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Puplure Unitary blackler DISEASE OR CONDITION CAUSING DEATH.	1 day
	WITH portant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
	NLY,	21a. EXTERNAL CAUSE WAS PRIMARY K) or CONTRIBUTING Description of street, office bldg, etc., INJURY OCCURRED While at Not while of the property of the pro	(State)
£ 2	WRITE PLAI ge is especiall	OF INJURY 12/31/55 6 P M. While at work And Autopsy And Autopsy Inspection Infind that death resulted from: Natural causes Inf	Inquiry E, an
15A - 5 -	LEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or co BEMOVAL (Specify): 2/2/55 OLIMNOTH CALLY. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 21. YUNERAL DIRECTOR.	unty) (State)  ADDRESS
A1	P	REG. Feb. 2-1965- A. Lewis M. D. Venny Januar De	au Md

	1	6	8	6	
MARYL	A	N	D	ST	

CITY (If outside corporate limits, write RURAL OR and give nearest toys)

6. COLOR OR

work done during most of work life,

(Yes, no, or unk.) (If Yes, give war or dates of

(Pirst)

1. PLACE OF DEATH:

COUNTRICACE

HOSPITAL OR

DECEASED:

(Type or Print)

13. FATHER'S NAME:

3. NAME OF

5. SEX:

INSTITUTION OR

STREET ADDRESS

BUREAU V. S.

**LEB** & 1955

BECEINED

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18	01	664
1682	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No. / 8	12

* · · · · · · · · · · · · · · · · · · ·			
1. PLACE OF DEATH:	2. USUAL RESIDENCE	HOME) OF DECEAS	SED:
COUNTY Harford MARYLAND	STATE Md.	COUNTY	Harford
(If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place)	err (If outside corporate	limits, write RURAL	L snd give nearest town)
TOWN Rural Bel Air Rural 8 Mos.	TOWN Bel - C	un Ch	vra1. X
HOSPITAL OR	STREET	(If rural give location	on)
STREET ADDRESS OF TITAL MATALINE	ADDRESS		/
TE OCCOUNT TO CONTRACT OF			
DECEASED:	A CONTRACTOR OF THE PARTY OF TH	DATE (Month) OF	(Day) (Year)
(Type or Print)	Winemiller	DEATH: Feb	. 15 19 55
SEX: 6 TOLOR OR 7. SINGLE, MARRIED 8. DATE	OF BIRTH: 9. AGE I	ast birthday IF UNDER	
male strile somme Oct.	11.18/6./2	yrs.	Daya Hours Mill.
. USUAL OCCUPATION (Give kind of work done dyright most of working hife, OR INDUSTRY:	11 BIRTHPLAC State or	foreign country):  1:	2. CITIZEN OF WHAT
even if per are fleshed Country Har	Baltim	Mr. Co Mod	A
FAPALATS NAME:	14. MOTHER & MAIDEN	NAME:	
(LANI) B. W. momiller	dalnin	Base	maria
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	INFORMANT & ADDR	FSS:	may
of services of services of services		1 11:	111.
	James C	- xem	emille
18. MEDICAL CERTIFICAT	ION Stewarts	Town Pa	INTERVAL BETWEEN
1/22 1	20000000		ONSET AND DEATH
HA du / Cerebral Hen	norrhage		20 hrs.
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, (B) Chr. Cardio-1	vascular Disease		?
IVING RISE TO THE ABOVE CAUSE DUE TO	agouzur Diboubo		
STATING UNDERLYING CAUSE LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH			
A. DATE OF OF ENATION.			20. AUTOPSY?
IA. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		y or town) (Co	unty) (State)
FEITHER, NOTIFY MEDICAL EXAMINER)    D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
10. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While 21 work at work	Ziri now bib insolit	OCCONT	
m.   as non		7-7-7-	
2. I hereby certify that I attended the deceased from July.	10, 19.54, to Feb15	, 19.55, that I la	ast saw the deceased
alive on Feb. 14, 1955, and that death occurred at	3:00 M, from the cause	es and on the dat	e stated above.
SIGNATURE	ADDRESS	I	DATE SIGNED
Willard & Dudson M	.D. Forest Hill,	Md. 2	2-15-55,
3. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	TRY OR CREMATORY 100	ATION (City, town,	or count (State)
Surial Let 18. 193 3 Stewart	slown Um (	LOVE CO	- alenna
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECT	R . In	ADDRESS 14
REGISTRAR/18/13	THOU BY	21 21 m 18/1	Dieres milles.

DECENVED

BUREAU V. S.